



**NEW YORK CITY  
DEPARTMENT OF EDUCATION  
AUTHORIZATION FOR  
SIPP EXPENDITURE**

**NON-EMPLOYEE PAYMENT REQUEST FORM**

For use in conjunction with the on-line SIPP Program

Type or use black ballpoint pen. **PRINT** legibly to insure prompt payment.

**INSTRUCTIONS FOR COMPLETING FORM**

This form is to be used by non-Department of Education employees to record their attendance at Department of Education planning meetings or program activities that provide for payments to such individuals. Fixed rates for reimbursement have been established as a guide only, and may be found in appropriate SOPM and/or memoranda on this topic. Actual invoices, or individual receipts may be submitted in lieu of fixed rate reimbursement if actual expenses are higher than those suggested, provided prior written approval is obtained from the Executive Director of the Division of Financial Operations. Regions may establish rates less than those suggested if no documentation is provided.

The non-employee is responsible for completing information in Sections 1 through 3. In the box for "Name of Program" enter the specific name of the program, such as: School Based Management, Parent Involvement

Program, School Wide Projects, etc. The principal, or other approving officer completes Section 4. The District/Central Business Office completes Section 5.

This form is to be submitted to the committee's designated chairperson or to the Department of Education official responsible for the activity (principal, teacher-in-charge, program coordinator, etc.) at each meeting to verify attendance. The completed form is to be sent to the Central or Region Office for review and payment processing through the On-Line SIPP System. In general, allow five (5) to ten (10) days for the check to be issued and received through the mail.

**NOTE:** Consult program guidelines to determine if documentation supporting expenses is required.

**SECTION 1**

REGION	SCHOOL	NAME OF PROGRAM										
NAME OF NON-EMPLOYEE (Type or print legibly)		SOCIAL SECURITY NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
MAILING ADDRESS (Number and Street)		Apartment Number										
CITY	STATE	ZIP CODE										

**SECTION 2**

	DATE OF MEETING MM DD YY	MEETING PERIOD (Hours) (Example: 8:00 pm to 9:00 pm) FROM TO	TOTAL HOURS	PAYMENT RATE OR ACTUAL EXPENSE	DEPARTMENT OF EDUCATION OFFICIAL'S SIGNATURE						
1	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**SECTION 3**

I certify that I have met the obligations as a member of the \_\_\_\_\_  
(Enter name of program, committee, or activity)  
and request the appropriate reimbursement of \$ \_\_\_\_\_, which will cover my actual expenses.

\_\_\_\_\_  
SIGNATURE OF NON-EMPLOYEE

\_\_\_\_\_  
DATE

**SECTION 4**

I approve this expenditure, certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Department of Education and applicable funding source guidelines.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OR APPROVING OFFICER

\_\_\_\_\_  
DATE

**SECTION 5**

**FOR REGION/CENTRAL OFFICE USE ONLY**

**FUNDS ARE AVAILABLE – CHARGE TO:**

REGION	ACTIVITY CODE	LOCATION CODE	QUICK CODE	OBJECT CODE	AMOUNT																							
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

DATE: \_\_\_\_\_

Entered On-Line

ENTERED BY \_\_\_\_\_

--	--	--	--	--	--

AUTHORIZED BY: \_\_\_\_\_

Revised:  
October 2004

**COPY 1** – FMC/Region Office  
**COPY 2** – School/Program Coordinator  
**COPY 3** – Non-Employee